

FROM :

FAX NO. : 945 7864

Nov. 16 2005 12:52PM P6

(6/10)

MAR 13 2000

ID SEKIYA (7361)

03/13/2000

RTC fasciitis/sub calcaneal bursitis - right foot. She noted her heel pain to recur over the past week as she has been doing more walking more than usual. She has also noted the skin lesion to re-appear.

Palpable tenderness local to the fascial insertion. Hubscher maneuver slightly noted. Ankle ROM as previously noted. \*\*Debridement of the lesions now reveal pinpoint bleeding with the absence of skin lines.

X-Rays were deferred.

Fasciitis/sub calcaneal bursitis - right foot.

Verruca plantaris - right heel

- 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
- 2) OTC verruca preps. She declined cryosurgicval tech
- 3) RTC PRN.

APR 27 2000

Pt cancelled today's appt "meeting" Resched to 5/3/00. cp

MAY 03 2000

Pt cancelled appt. Doing ok on 7/31/01 - pt asked to have latest shoe list faxed to her

SEP 14 2000

09/14/2000

D SEKIYA (7361)

- RTC fasciitis/sub calcaneal bursitis - right foot. She is doing well with her shoes and supports. She is her to evaluate her shoes and supports.
- Palpable tenderness minimal to the fascial insertion. Hubscher maneuver slightly noted. Ankle ROM as previously noted. \*\*Debridement of the lesions now reveal pinpoint bleeding with the absence of skin lines. X-Rays were deferred.
- Fasciitis/sub calcaneal bursitis - right foot.
- Verruca plantaris - right heel
- 1) Reviewed biomechanical nature and stressed s/s, shoe changes, contrast soaks.
  - 2) OTC verruca preps. She declined cryosurgicval tech
  - 3) RTC PRN.

NOV 01 2000



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3998 Ref 51543A

Johnson & Johnson Professional, Inc.  
Raynham, MA 02767 U.S.A.  
G 31543A0298A

11/01/2000

LINDA SEKIYA (7361)

S --

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Prior care consisted of conservative care with stretching and strengthening exercises. Patient was prescribed Celebrex there is no side effects.

Palpable tenderness was moderate to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher maneuver was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

DATE

A --



FROM :

FAX NO. : 945 7864

NOV. 16 2005 12:53PM P7

7/10

3) Sub calcaneal bursa -- right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Night splint.
- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

7301

Michael K.Y. Chun, DPM

Sched MRI @ Pali Momi Wed Dec 6 @ 10:00 in 1:00 scan  
 Called pt to confirm - 22

LINDA SEKIYA (7361)

11/22/2000

S --

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Patient relates to increase pain over the past two weeks. She is utilizing the night splint which helps though overall her symptoms are still noted. Patient relates no similar musculoskeletal symptoms. No fever chills or malaise.

O --

Palpable tenderness was moderate to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher maneuver was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A --

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa -- right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Schedule bone scan -- rule out fracture right heel.
- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

W

Michael K.Y. Chun, DPM

DEC 0 0 2000

pt Called Did MRI results inject. told pt. I'll call 5 min. &  
 DEC 0 9 2000

Corticosteroid injections @ Heel

PROGRESS NOTES

DATE

FROM :

FAX NO. : 945 7864

Nov. 16 2005 12:51PM P2

LINDA SEKIYA (7361)

## PROGRESS NOTES

12/09/2000

(8/10)

S -- This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Recent bone scan reveals no evidence of a fracture. Patient is her for cortisone injection.

O -- Palpable tenderness was moderate to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher maneuver was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

- A --
- 1) Plantar fasciitis - right heel
  - 2) Ankle equinus
  - 3) Sub calcaneal bursa -- right heel.

- P --
- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
  - 2) TX: Cortisone Injection #1 -- Celestone Soluspan 0.5 cc mixed with 1.0 cc lidocaine plain administered to the plantar medial aspect of the calcaneus. Patient was informed that they may experience local pain, swelling, and redness to the injection site and are to utilize ice packs along with the use of Tylenol or the prescribed anti-inflammatory as directed.
  - 3) RX: Celebrex PRN.
  - 4) RTC: 4 weeks.



DEC 2 2 000

Michael K.Y. Chun, DPM



FROM :

FAX NO. : 945 7864

NOV. 16 2005 12:51PM P3

(9/10)

## PROGRESS NOTES

LINDA SEKIYA (7361)

12/23/2000

S --

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Status post #1 cortisone injection -- right heel with 50% relief of symptoms. Patient is still utilizing crutches for assistance.

O --

Palpable tenderness was local but reduced to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher maneuver was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A --

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa -- right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Defer cortisone injection today -- continue with conservative care
- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.

12/21/01 - left message on tape to reschedule 12/24 appt to another Saturday. On  
 12/21/01 pt called to cancel 12/24 appt - how another appt. week in  
 FEB 15 2001

(lost in (2) fast

LINDA SEKIYA (7361)

02/15/2001

S --

This 54 year old Female presents to the office for follow up of plantar fasciitis - right heel. Patient relates symptoms to slowly increase over the past week. Patient is trying to do her lower extremity exercises. Patient is not taking the Celebrex.

O --

Palpable tenderness was local to the fascial insertion which was intact. Deep palpation reveals a sub calcaneal bursa. No evidence of any erythema, edema or increased skin temperature. No evidence of any proximal streaks or palpable nodes. Hubscher maneuver was still noted. Ankle joint dorsiflexion was still limited. No symptoms to the tarsal canal with evaluation. There was shoes for evaluation and were noted to be of good support.

A --

- 1) Plantar fasciitis - right heel
- 2) Ankle equinus
- 3) Sub calcaneal bursa -- right heel.

P --

- 1) Continue with lower extremity stretching and strengthening exercises, icing/contrast soaks, rest, and use of shoes and supports. Compliance reviewed in length. Literature given on etiologies, exercises and shoe list.
- 2) TX: Cortisone injection #2 -- Celestone Soluspan 0.5 cc mixed with 1.0 cc lidocaine plain administered to the

plantar medial aspect of the calcaneus. Patient was informed that they may experience local pain, swelling, and redness to the injection site and are to utilize ice packs along with the use of Tylenol or the prescribed anti-inflammatory as directed.

- 3) RX: Celebrex PRN.
- 4) RTC: 4 weeks.



Nov. 16 2005 12:52PM P4

(10/10)

TE MAR 9 2 2006

03/19/2001

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**A**

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- W

**Michael K.Y. Chun, DPM**